

State of Utah
Office of Child Care
Department of Workforce Services

Request for Grant (RFG)
Fiscal Year 2006
(July 1, 2005 Through June 30, 2006)
Revised September, 2005

**Quality Improvement Grants
for
Child Care Centers**

Contents

Part 1: General Grant Information Page 1

- A. Purpose & Application Periods Page 1
- B. Eligibility Requirements and Restrictions Page 1
- C. Funding Page 2
- D. Allowable Expenses Page 3
- E. Funding Priorities Page 4
- F. Completion Requirements for Awarded Grants Page 5

Part 2: Grant Application Instructions Page 7

- A. Steps to Applying for a Quality Improvement Grant Page 7
- B. Instructions for Completing the Grant Forms Page 8

Part 3: Scoring of Grant Proposals Page 15

- A. Completeness, Neatness, and Overall Presentation Page 15
- B. Health and Safety Recommendations Page 15
- C. Training Page 15
- D. Caregiver Behavior Changes Page 16
- E. Environment/Daily Schedule Changes Page 17
- F. Grant Purchases Page 17
- G. Grant Budget Form Page 18
- H. Final Score Page 18
- I. Minimum Required Score Page 18

Part 4: Grant Forms Page 19

- Application Cover Sheet, Pages 1 & 2
- Grant Submission Checklist
- Pre-Grant Observation Form (sample only)
- Consultant Recommendations Form (sample only)
- Plan of Action Form
- Playground Safety Improvement Recommendation Form (sample only)
- Playground Safety Improvement Plan of Action, Pages 1 & 2
- Training Recommendation Form (sample only)
- Training Plan of Action Form
- Grant Budget Forms
- Grant Review Score Sheet

Appendix A: CCR&R Agencies

Child Care Quality Improvement Grants Request for Grant

Part 1: General Grant Information

A. Purpose & Application Periods

The Department of Workforce Services, Office of Child Care (OCC) is soliciting proposals to improve the quality of child care services in currently operating child care centers. Grants will be available statewide. Grant funding depends upon availability of the federal Child Care Development Fund to the Department of Workforce Services.

Programs may request funding to eliminate health or safety hazards, to increase the level of training for caregivers, or to purchase equipment and materials. The Department of Workforce Services will receive proposals **only** during these time periods in this fiscal year:

1. Between **8:00 am November 8th** and **3:00 pm Tuesday, November 22nd** 2005 for Fall awards.
2. Between **8:00 am March 7th** and **3:00 pm Tuesday, March 21st** 2006 for Spring awards.

To submit your application, **mail or hand deliver one (1) original and three (3) complete copies of the application** to Sharif Dajany, Department of Workforce Services, Procurements and Contracts, 140 East 300 South, Salt Lake City, Utah, 84111. Applications **must** be received and electronically date/time stamped by 3:00 pm on the final date of the grant application period. Faxed applications will **not** be accepted. **Applications received before the opening date or after 3:00 pm on the closing date of each application period will not be accepted and will be returned to the applicant.** Only one quality improvement grant application per program will be accepted during each application period.

Questions regarding the application process should be addressed to the Office of Child Care at 801-526-4340 or toll free 1-800-622-7390. To obtain additional application forms contact the Office of Child Care, or visit the Office of Child Care website at jobs.utah.gov/occ. Applications may also be picked up at the Office of Child Care, Department of Workforce Services, 140 East 300 South, Salt Lake City, Utah.

Costs incurred in the preparation and submission of proposals are the sole responsibility of the individual, organization, or agency submitting the application and will not be reimbursed. Copies of accepted proposals become property of the State of Utah and will not be returned.

B. Eligibility Requirements and Restrictions

In order to be eligible to apply for a grant, programs must meet the following requirements:

1. **Program Type.** Eligible programs must provide child care to children between the ages of 4 weeks to 13 years on a regular basis over a sustained period of time, in lieu of care that a parent would provide in their home. (Not all ages need to be served in every program.) Preschool programs, licensed hourly/drop-in child care facilities, open

recreation programs, and after-school enrichment programs are **not** eligible to apply for this grant. Programs must remain open from at least 8:00 am until 5:30 pm, Monday through Friday (or from the time school gets out until 5:30 pm Monday through Friday for school age only programs), to serve the needs of working parents.

2. **License Status.** Programs must either have a child care center license from the Department of Health, or be legally license exempt. Licensed centers may not have had a conditional license within the past 12 months. (Not including 30 day conditional licenses issued for failure to submit renewal paperwork before the deadline.)
3. **On-site Observation.** In order to apply for a grant, the applicant must first have on-site observations completed by a Quality Improvement Consultant from a local Child Care Resource and Referral Agency (CCR&R). The Consultant will make recommendations for quality improvements based on the observation. The on-site observation must have been completed within one year of the grant application deadline. Observations older than one year of the grant application deadline cannot be used. To schedule an observation, contact your local CCR&R Agency listed in Appendix A of this RFG.
4. **Frequency.** Programs are eligible to receive a quality improvement grant once every two years. Once a program has received a quality improvement grant, they may apply again two years from the start date of their most recent quality improvement grant.
5. **Other Office of Child Care Grants.** Programs currently receiving a Youth Connections or Start-Up/Expansion Grant from the Office of Child Care are not eligible for this grant.
6. **Non-discrimination.** Programs must not discriminate against children, families, or staff based on race, religion, sex, age, national origin, or disability.
7. **CCR&R.** Applicants must be registered with the Child Care Resource and Referral Agency (CCR&R) in their area.
8. **Laws and Regulations.** Programs must be able to meet all applicable state and federal laws and regulations, including the Federal Office of Management & Budget (OMB) circulars for services.
9. **Trampolines.** Because trampolines pose a serious safety hazard to children, if the program has a trampoline it must either be removed or be inaccessible to the children in child care. If your program has a trampoline, your *Plan of Action Forms* must include the steps you will take to remove the trampoline or make it inaccessible to the children in the child care program.

C. Funding

1. **Amount for Licensed Child Care Centers.** Licensed center child care programs may receive up to \$50.00 for each child care slot they are licensed for, not to exceed \$9,999.00. To determine the maximum amount a licensed center program is eligible to receive, multiply the licensed capacity as stated on the program's license issued by the Department of Health by \$50.00. The total amount requested may not exceed the center's licensed

capacity multiplied by \$50.00, unless funds are being requested for playground safety improvements (see item #3 below).

2. **Amount for License Exempt Child Care Centers.** License exempt programs may receive up to \$50.00 for each child care slot they provide, not to exceed \$9,999.00. The total dollars requested must not exceed the number of children served multiplied by \$50.00, unless funds are being requested for playground safety improvements (see item #3 below).

To determine the maximum amount a license exempt program is eligible to receive, multiply the program's average daily attendance for the three months prior to your application by \$50.00. To calculate the average daily attendance, add the daily attendance over the past three months, and divide that total by the number of days in the period that the program was in operation. For license exempt after school programs the average daily attendance needs to be calculated starting at 4:00 p.m. or later, to capture a true picture of children using the program for child care purposes.

3. **Playground Safety Improvements.** Programs may request grant funds exceeding \$50.00 for each child slot for playground safety improvements. These funds may be used for playground **safety improvements only**. The total for **all** requested funds, including funds for playground safety improvements, may not exceed \$9,999.00.
4. **Matching Funds.** Applications must provide a 10% match for this grant. For example, if you are requesting \$5,000.00 in grant funds, your required match would be \$500.00. Match funds are funds you will add to grant funds to make your proposed quality improvements. **Matching funds cannot include any other grants or funding that the applicant receives from the Department of Workforce Services (or the Office of Child Care).** The matching funds may be cash or "in-kind". In-kind refers to the dollar value of donated materials, supplies, volunteer time, etc. You will be asked to provide receipts for your matching funds.

D. Allowable Expenses

The following restrictions govern the expenditure of quality improvement grant funds:

1. **Purchase Dates.** Purchases to be paid for by the grant cannot be made until **after** the grantee has received a completed grant agreement signed by both parties. **Grant funds may not be used to reimburse programs for expenditures made prior to their receiving a completed, signed grant agreement.**
2. **New Equipment.** Only new equipment and materials may be purchased with grant funds. **Grant funds may not be used to purchase used or second-hand equipment or materials.** All equipment and materials purchased with grant funds should be designed for use in group child care settings.
3. **Minor Improvements to Facilities.** Grant funds may be used for minor improvements to facilities **only** if the improvement is required to bring the facility into compliance with Bureau of Child Care Licensing rules, including the elimination of serious health and

safety problems. Expenditures for minor improvements to facilities may not exceed \$4,999.00. The total for **all** requested funds, including funds for minor improvements to facilities, may not exceed \$9,999.00.

4. **Staff Wages.** Grant funds may be used to pay staff wages **only** while staff are attending training related to the grant. Grant funds may **not** be used for any other staff wages.
5. **Training Fees.** Grant funds may be used for training fees for courses offered through the statewide Child Care Resource & Referral network, colleges and universities, and professional association trainings. Grant funds may not be used to cover the costs of in-service training, but such costs may be counted toward the provider's required matching funds. Grant funds may **not** be used for any out-of-state training or travel expenses.
6. **Electronic Equipment.** Grant funds may not be used to purchase televisions, VCRs, DVD players, or computers.
7. **Playground Improvements.** Grant funds may be used for playground improvements only if the improvements are required to correct safety problems, as determined by Bureau of Child Care Licensing standards. Programs requesting grant funds for playground safety improvements must provide documentation that the proposed improvements meet the guidelines of the American Society for Testing and Materials (ASTM) and the Consumer Product Safety Commission (CPSC).

E. Funding Priorities

Priority for grant funding will be given to those programs who do not have sources of funding other than parent fees and the Child and Adult Care Food Program, and who have not previously received a quality improvement grant.

1. **Programs with Outside Funding Sources.** If a program has received outside funding in the current calendar year (as indicated on page 2 of the Application Cover Sheet) totaling 30% or more of their total budget for the current year, it will not be funded for a quality improvement grant unless there is money left over in the grant round after all applicants who did **not** receive outside funding totaling 30% or more of their total budget for the current year (and who meet minimum scoring requirements) have been funded. See page 18 of this RFG for information on minimum scoring requirements.

If funds are left over in any grant round after all applicants who do not have outside funding sources (and who meet minimum scoring requirements) have been funded, applicants who receive outside funding will be funded, provided they meet the minimum scoring requirements. Such funding will begin with those applicants who receive the least percentage of their total operating budget from outside funding sources, and will progress as percentages of outside funding increase.

2. **Previous Quality Improvement Grantees.** Programs will not be eligible to receive a repeat (second, third, etc.) quality improvement grant until all other qualified applicants in the submittal pool have received at least one quality improvement grant. If funding is left over in any grant round after all applicants who have not previously received a quality

improvement grant (and who meet minimum grant scoring requirements) have been funded, programs who have previously received a grant may be funded, provided they meet the minimum scoring requirements. See page 18 of this RFG for information on minimum scoring requirements.

Applicants will be funded for repeat grants starting with those who have received the fewest previous quality improvement grants. Among applicants who have received the same number of previous grants, priority will be given to those applicants who have waited the longest since receiving their most recent quality improvement grant.

This criteria will be applied first to the pool of applicants who do not receive 30% or more of their annual budget from outside sources of funding, as explained in item #1 above. If there are funds left in the grant round after this criteria has been applied to that pool, it will then be applied to the pool of applicants who do receive 30% or more of their annual budget through outside sources of funding.

3. **Proposal Scores.** Within the criteria outlined in items #1 and #2 above, each pool of applicants will be funded from highest score to lowest score. For example, among those applicants who do not receive 30% or more of their annual budget from outside sources, **and** who have not received a previous quality improvement grant, applications will be funded in the order of their scores, starting with the highest score. Only those proposals who score 70 points or higher will be considered for funding.
4. **Tied Scores.** If qualifying grant applications receive tied scores, prior participation in the Career Ladder Program will be used to break the tie, starting with those programs who have the highest percentage of staff participation in the Career Ladder.

F. Completion Requirements for Awarded Grants

Programs who receive a quality improvement grant must fulfill the following requirements:

1. **Receipts.** Funded programs must spend their grant funds and return receipts for all equipment and material purchases to the Office of Child Care within three months of receiving their grant funds. Receipts for training courses and staff wages for training time must be submitted within 12 months of the grant start date.
2. **Follow-Up Observation.** Programs must have a follow-up grant observation by their CCR&R Quality Improvement Consultant between 8 and 12 months of their grant start date. Programs must submit copies of their follow-up observation forms to the Office of Child Care within 12 months of their grant start date.
3. **Statistical Information.** The Office of Child Care may require statistics and program information from grantees.
4. **Site Visits.** Staff from the Office of Child Care shall have access to grantees programs for site visits.
5. **Failure to Meet Grant Completion Requirements.** Applicants who fail to perform

under the terms and conditions of a grant administered by the Office of Child Care may be ineligible for future Office of Child Care grants, as stipulated in the signed Grant Contract.

Part 2: Grant Application Instructions

A. Steps to Applying for a Quality Improvement Grant

1. **Pre-Grant Observation.** Contact your local CCR&R Agency listed in Appendix A of this RFG to schedule a pre-grant observation. Your CCR&R Quality Improvement Consultant will schedule your observation and send you information about how to prepare for your observation. Your on-site observation must have been completed within one year of the grant application deadline you are applying for. Observations older than one year of the grant application deadline cannot be used.
2. **Playground Inspection.** If you would like to request grant funds for playground safety improvements, you must contact your local Licensing office and request a playground inspection. You will need to submit the recommendations from the Licensing playground inspection with your grant application, along with a *Playground Plan of Action Form* that explains how you will address those recommendations. **You must call Licensing at least 45 days before you need to receive written playground recommendations for your grant application.**

If your pre-grant observation was conducted by a CCR&R Consultant **before 9/20/05**, you **do not** need to also have a playground inspection from Licensing, because your CCR&R Consultant observation included a playground observation. The requirement for a Licensing playground inspection is only for those pre-grant observations conducted **after 9/20/05**.

3. **Observation Feedback Visit.** Within approximately two weeks following your pre-grant observation visit, your Quality Improvement Consultant will return with written feedback and quality improvement recommendations.
4. **Grant Application Forms.** Using the quality improvement recommendations you receive from your CCR&R Consultant, complete the grant forms as outlined in item B below.
5. **Application Submission.** Submit your completed grant application during one of the grant submission periods listed on page 1 of this RFG. To submit your application, **mail or hand deliver one (1) original and three (3) complete copies of the application** to Sharif Dajany, Department of Workforce Services, Procurements and Contracts, 140 East 300 South, Salt Lake City, Utah, 84111. Applications **must** be received and electronically date/time stamped by 3:00 pm on the final date of the grant application period. Faxed applications will **not** be accepted. **Applications received before the opening date or after 3:00 pm on the closing date of each application period will not be accepted and will be returned to the applicant.**
6. **Questions.** Questions regarding the application process should be addressed to the Office of Child Care at 801-526-4340 or toll free 1-800-622-7390.

B. Instructions for Completing the Grant Forms

Be sure to carefully follow the instructions below when preparing your grant application.

Applications may be hand written or type written. If hand written, you must **print neatly, clearly and legibly**. If type written, you must use a 12 point font. Your application must be submitted in a folder with fasteners, to prevent pages from separating.

1. Order of Pages. The pages in your grant application **must** follow this order:

- a. *Application Cover Sheet*, Page 1
- b. *Application Cover Sheet*, Page 2.
- c. *Grant Submission Checklist*.
- d. A copy of your current *child care license* from the Department of Health. If you are license exempt, you must include a copy of a *letter from the Department of Health* verifying your license exempt status, **and** documentation showing how you determined your average daily attendance. Average daily attendance can be documented using daily attendance records or sign in/out sheets.
- e. *Observation Forms* (either from the Rating Scales, for observations completed **before** 9/20/05, for from the simplified observation tool for observations completed **after** 9/20/05).
- f. *CCR&R Consultant Recommendations Forms* (for Caregiver Behavior, Environment & Daily Schedule, and Purchase recommendations). You must include **all** recommendation forms you received from your Consultant, even if you are not addressing the recommendations in some of them.
- g. *Plan of Action Forms* Your *Plan of Action* forms will either be printed on the back side of your *Consultant Recommendations Forms* (for newer observations), or you will use the *Plan of Action Form* found in the “Grant Forms” section of this document (for older observations that don’t have a *Plan of Action Form* printed on the back side of the *Consultant Recommendations*).

Repeat steps e., f., and g., in order, for each classroom, from youngest to oldest. Place the *Observation Form* for the first class, immediately followed by the *Consultant Recommendation* and *Plan of Action Forms* for the first class, together. Then place the *Observation Form*, *Consultant Recommendation Forms*, and *Plan of Action Forms* for the second class together. Repeat this order for each class, with the classes in order from youngest to oldest. **For example:**

- Infant/Toddler classroom #1 *Observation Form*
- Infant/Toddler classroom #1 *Recommendations Forms*
- Infant/Toddler classroom #1 *Plan of Actions Forms*
- Infant/Toddler classroom #2 *Observation Form*

- Infant/Toddler classroom #2 *Recommendations Forms*
 - Infant/Toddler classroom #2 *Plan of Actions Forms*
 - Twos classroom *Observation Form*
 - Twos classroom *Recommendations Forms*
 - Twos classroom *Plan of Action Forms*
 - Preschool classroom *Observation Form*
 - Preschool classroom *Recommendations Forms*
 - Preschool classroom *Plan of Action Forms*, etc...
- h.** *Playground Safety Improvement Recommendation Forms* from Licensing, if your observation was completed after 9/20/05, **and** only if you are applying for funds for playground safety improvements. If your observation was completed before 9/20/05, your playground recommendations will be included in your CCR&R Consultant Recommendations, and will not come from Licensing.
- i.** *Playground Safety Improvement Plan of Action Forms*, two pages (only if you are applying for funds for playground safety improvements).
- j.** *Documentation from the manufacturer and installer* that playground safety improvement equipment and installation meet both ASTM and CPSC guidelines (only if you are applying for funds for playground safety improvements).
- k.** *Training Recommendations Form*. (For newer observations after 9/20/05 only. Older observations will have training recommendations included in the old *Consultant Recommendations Forms*.)
- l.** *Training Plan of Action Forms*.
- m.** *Grant Budget Form(s)*.
- n.** *Career Ladder certificates* (if applicable).
- 2. Completing Application Forms.** Please follow these instructions carefully when filling out your grant forms.
- a.** *Application Cover Sheet*. Fill out all information and answer all questions on pages 1 and 2 of the Application Cover Sheet. **Be sure to sign page 2 of the Cover Sheet.**
- b.** *Plan of Action Forms for Caregiver Behavior/Environment & Daily Schedule/Purchase Recommendations*. Complete one *Plan of Action Form* for each observation item that you intend to raise your score on. See **Part 3: Scoring of Grant Proposals** on page 15 of this RFG for information about how your *Plan of Action Forms* will be evaluated and scored by the grant review committee.

Instruction for completing the specific items on each the *Plan of Action Form* are as follows:

- i. Tool Used:** Circle the observation tool listed on the front page of your

Consultant Recommendations forms for this classroom. (ITERS, ECERS, or SACRS for observations completed **before** 9/20/05. Infant/Toddler, Twos, Preschool, or School Age simplified observation tool for observations completed **after** 9/20/05.)

- ii. **Item #:** List the observation item number from your *Consultant Recommendations Form* for the recommendation(s) you will address in this *Plan of Action Form*.
- iii. **Current Mark:** Write the mark given by your Consultant for the observation item you are addressing in this *Plan of Action Form*. (A score of 1-7 for Rating Scales observations, **or** a mark of Partially Met or Not Met for observations completed after 9/20/05 using the simplified observation tools.) The current mark can be found on your *Consultant Recommendations* form.
- iv. **Target Mark:** Write the mark you hope to reach by making the improvements specified in this *Plan of Action Form*. (A score of 2-7 for Rating Scale observations, **or** Partially Met or Fully Met for observations with the new simplified tools.)
- v. **Caregiver Behavior Changes Table.** Many of the grant observation items look at the actions of caregivers and what caregivers say to children. Behavior changes are changes in a caregiver's actions or words. For example, engaging in more one-on-one conversations with children, not showing favoritism to children, using more positive guidance techniques, etc.
 - Column 1:* In this column, list any behavior changes caregivers will make in response to the Consultant recommendations for this item. If caregivers will not be making any behavior changes for this item, leave this table blank.
 - Column 2:* It takes practice over time for caregivers to successfully implement behavior changes. To be successful, caregivers need support in the form of monitoring and/or self-assessment. In this column, explain how you will monitor and assess the successful implementation of caregivers' behavior changes. Examples of ways to monitor and assess the success of behavior changes include: supervisors periodically observing caregivers to assess their behavior changes, having caregivers chart their new behaviors until they become a habit, video or audio taping caregivers so they can assess their own progress, etc.
 - Column 3:* In this column, give the date by which you will have successfully implemented your proposed behavior changes.

vi. Environment/Daily Schedule Changes Table.

- Column 1:* In this column, list any changes you will make to your environment or daily schedule in response to the Consultant recommendations for this item. If you will not be making any changes to your environment or daily schedule for this item,

leave this table blank.

Column 2: In this column, explain how you will monitor and assess the successful completion of your changes to the environment or daily schedule. Examples of ways to monitor and assess the success of changes include: supervisors periodically observing the classroom to assess the implementation of new daily schedule or environment changes, posting staff reminders in the classroom, making a written schedule for the rotation of toys in activity areas, etc.

Column 3: In this column, give the date by which you will have successfully implemented your proposed environment/daily schedule changes.

vii. Purchases Table. Use this table to list any purchases you will make with grant funds and/or matching funds related to this item.

Column 1: List the specific individual item(s) you would like to purchase.

Column 2: Give the name of the store or catalog (vendor) you plan to purchase each item from.

Column 3: List the amount of grant funds you are requesting to purchase each item.

Column 4: List the amount, if any, of matching funds you will contribute to the purchase of each item. You do not need to list a match amount for each item. However, you must make sure that when you total all of your proposed purchases on your *Grant Budget Form*, the total in the matching funds column is at least 10% of the total dollar amount of grant funds you are requesting.

Column 5: List the total cost of the item, including both requested grant funds and any matching funds.

You should choose your purchase requests and vendors carefully, because **you will not be allowed to spend grant funds for any purchases not specifically listed in your grant application, and you must purchase all items from the vendors you have listed.** Do **not** list items you may end up purchasing before receiving a grant, because grant funds **cannot** be used to reimburse any pre-grant purchases.

If you are re-submitting a previously denied grant application, **you must make sure that all of the items you propose to purchase are still available, and from the same vendors, before you submit your application.**

When you have completed each of your individual *Plan of Action Forms*, you will need to list and total all of your proposed purchases on the *Grant Budget Form*. If you have requested funds beyond the \$50 per licensed slot allowance for playground safety improvements, you must complete a separate *Grant Budget Form* for your proposed playground improvement expenditures.

- c. **Playground Safety Improvement Plan of Action Forms.** Complete these forms only if you are requesting funds over and above \$50 per licensed slot for playground safety improvements.

Page 1:

- Column 1:* For observations completed **after** 9/20/05, list the “Description” of the playground area or item from the first column on the playground recommendation form given to you by your Child Care Licensor. **For observations completed before 9/20/05, leave this column blank.**
- Column 2:* List the “Out of Compliance” item from the second column on the playground recommendation form given to you by your Child Care Licensor (for observations completed **after** 9/20/05), **or** the playground concern identified by your CCR&R Consultant in your Consultant Recommendations (for observations completed **before** 9/20/05).
- Column 3:* Explain what steps you will take to correct the item Out of Compliance or Recommendation item from column 2.
- Column 4:* Show the cost, if any, of the correction from column 3, including any grant funds you are requesting, and any match funds you will contribute.

You should include in your Playground Safety Improvement Plan of Action any corrections you will make that do not cost money (such as tilling cushioning), and any corrections you make *after* your pre-grant observation, but *before* you submit your grant application, in order to receive scoring credit for these improvements.

Page 2:

- Give a diagram of your playground before and after your proposed safety improvements. Include fall zone measurements and the height of all equipment.

If you are requesting funds to purchase and/or install playground equipment or cushioning, your application must include documentation from both the vendor and installer that the equipment, materials, and installation all meet ASTM and CPSC guidelines.

- d. **Training Plan of Action Forms.** On these pages, you will provide information about the training your staff will attend as part of your quality improvement grant. If your Consultant did not recommend training, you do not have to complete these forms, unless you choose to.

Page 1:

- Fill in the center name and address, director’s name, and ages of children served.
- Training Table. In this table you will give information about any courses/trainings that the center director and caregivers will attend in response to the

recommendations from your Consultant. Make additional copies of this form if your staff will attend more than four different training courses. **You must complete every column in this table, including:**

- Column 1:* The training course name or topic, and your learning goals (what you hope to learn by attending this training).
- Column 2:* The type of training (for example, CCR&R training, inservice training, college courses, provider association trainings, etc.).
- Column 3:* The total number of hours in the training.
- Column 4:* The cost (registration/enrollment fees) for the training.
- Column 5:* The date by which the training will be completed. (For CCR&R course dates, check with your local CCR&R.)

Page 2:

- In the left hand column, fill in the center director's name, the name or age group of each classroom grant funds are being requested for, and the names of all of the caregivers in each classroom. Include both full-time and part-time caregivers. If a caregiver works in more than one classroom, list them only once, in the classroom they work the most hours in. You must include each classroom for which grant funds are being requested, even if caregivers in that classroom will not complete any training for the grant.
- In the right hand column, list the names of all of the courses/trainings that each caregiver will attend, and put the number of hours of each course/training in parenthesis after the title of the course/training. For example: *Advanced Child Development (10 hrs)*. If a caregiver will not attend any training, leave the line next to their name blank. If more than three classrooms are included in your grant proposal, copy and attach additional pages.

Choose carefully which training you propose in your grant application. Check with the CCR&R or other training sources to make sure the training you propose will be available during the grant period. **If you receive a grant, you must complete all of the training you committed to in your grant application, or you may be ineligible for future grants.**

If your staff complete any of the recommended training **after** your pre-grant observation but **before** you submit your grant application, be sure to make note of this in your *Training Plan of Action*, and attach documentation of course completion certificates, in order to receive credit for the training.

- d. ***Quality Improvement Grant Budget Form(s)***. On the *Budget Form for Non-Playground Improvement Expenditures*, list all of your proposed grant purchases from each of your *Plan of Action Forms*, except for playground safety improvement purchases. Include any allowable training costs you are requesting grant funds for. List the purchases in the same order as they appear in your *Plan of Action Forms* (from youngest class or group to oldest class or group). Use more than one *Grant Budget Form* if one does not have enough room for all of your purchases.

If you have requested funds beyond the \$50 allowance per licensed slot for playground safety improvements, **you must complete a separate *Grant Budget Form*, with separate totals, for your proposed playground safety improvement expenditures.**

At the bottom of your final *Grant Budget Form* page, total all of your proposed purchases, including totals for grant funds requested and matching funds. Make sure your proposed matching funds are equal to at least 10% of the total grant funds you are requesting.

Part 3: Scoring of Grant Proposals

Applications will be evaluated by qualified review committees consisting of individuals from Child Care Resource and Referral (CCR&R) Agencies, the Office of Child Care, and the Bureau of Child Care Licensing. Evaluations will be based on the criteria listed in this RFG. The review committees may request additional technical assistance from other sources when evaluating applications. During the evaluation phase, the Department of Workforce Services Contract Analyst shall reserve the right to enter into discussion with qualified applicants.

The review committee will use the information below in scoring grant applications. For additional information on how your application will be scored, including how pre-grant observations conducted prior to 20 September 2005 will be scored, see the *Grant Review Score Sheet* in the Grant Forms section of this document.

A. Completeness, Neatness, and Overall Presentation. (5 points possible.)

This item will be scored based on the following criteria:

1. All of the required pages, forms, and documentation are included in the application.
2. All of the grant forms are filled out completely, and **none of the grant forms have been altered by the applicant.**
3. All of the pages are in the correct order, as explained starting on page 8 of this RFG.
4. The application is neat and legible.
5. The application is in a folder or binder with fasteners, so that there are no loose pages.

B. Health and Safety Recommendations. (15 points possible, N/A if no recommendations are made.)

For Older Pre-Grant Observations (completed **before** 9/20/05): Up to 15 points will be awarded based on how well the proposal addresses health and safety recommendations made by the Consultant.

For Newer Pre-Grant Observations (completed **after** 9/20/05): If the Consultant has made recommendations to correct serious health and safety hazards, either 0 or 15 points will be awarded, based on whether or not the proposal adequately addresses these recommendations.

C. Training. (20 points possible, N/A if no recommendations are made.)

1. **Training Attendance.** (10 points possible.) Up to 10 points will be awarded for center staff who will complete training recommended by the Consultant.
 - a. **For Older Pre-Grant Observations (completed before 9/20/05):** If all caregivers for whom training was recommended committed to completing the recommended hours of training, up to a maximum of 20 hours of training per caregiver, the full 10 points will be awarded. If not from 0 to 9 points will be awarded.
 - b. **For Newer Pre-Grant Observations (completed after 9/20/05):** Each 10 hours of training recommended for each caregiver will count as one training recommendation. For example, if the Consultant recommends that two caregivers each take a ten hour

positive guidance course, that would count as two training recommendations. No more than a total of 20 hours of training will be recommended for any individual caregiver. Reviewers will determine the points to be awarded for training attendance by calculating the percentage of recommended training that the center will complete.

1% – 25% = 1 point

26% – 50% = 3 points

51% – 75% = 5 points

76% – 100% = 7 points

The application will receive 3 additional points if the center director has also committed to 20 hours of recommended training.

If you complete any of the recommended training **after** your pre-grant observation but **before** you submit your grant application, be sure to make note of this in your *Training Plan of Action*, and attach course completion certificates, in order to receive credit for the training.

2. **Training Appropriateness.** (10 points possible.) If the applicant chooses to meet the training recommendations with training other than that recommended by the Consultant, the applicant will receive up to 10 points based on how well the proposed alternative training addresses the item that training was recommended for.

If the Consultant recommends a specific training course and the applicant will be taking the specific course(s) recommended by the Consultant, the full 10 points will be awarded.

D. Caregiver Behavior Changes. (20 points possible, N/A if no recommendations are made.)

1. **Completeness.** (8 points possible.) Up to 8 points will be awarded based on how many of the Consultant's recommendations for caregiver behavior changes have been addressed in the applicant's proposal.
 - a. **For Older Pre-Grant Observations (completed before 9/20/05):** If a reasonable number of caregiver behavior change recommendations have been addressed in the grant proposal, the full 8 points will be given. If not, from 0 to 7 points will be given.
 - a. **For Newer Pre-Grant Observations (completed after 9/20/05):** Reviewers will calculate the points to be awarded for completeness by calculating the percentage of recommended caregiver behavior changes the program will implement.

1% – 25% = 2 points
26% – 50% = 4 points
51% – 75% = 6 points
76% – 100% = 8 points
2. **Effectiveness and Reasonableness.** (8 points possible.) Applications will receive up to 8 points based on how well the proposed caregiver behavior changes address the issue(s) identified in the Consultant's recommendations, and how reasonable and realistic the proposed changes are.

3. **Monitoring/Assessment Plan.** (4 points possible.) Applications will receive up to 4 points based on the effectiveness of their proposed plan to monitor and/or assess the successful implementation of caregiver behavior changes. For more information on possible ways to monitor and assess the implementation of caregiver behavior changes, see item # v on page 10 of this RFG.

E. Environment/Daily Schedule Changes. (15 points possible, N/A if no recommendations are made.)

1. **Completeness.** (5 points possible.) Up to 5 points will be awarded based on how many of the Consultant's recommendations for environment/daily schedule changes have been addressed in the applicant's proposal.
 - a. **For Older Pre-Grant Observations (completed before 9/20/05):** If a reasonable number of environment/daily schedule change recommendations have been addressed in the grant proposal, the full 5 points will be given. If not, from 0 to 4 points will be given.
 - a. **For Newer Pre-Grant Observations (completed after 9/20/05):** Reviewers will calculate the points to be awarded for completeness by calculating the percentage of recommended environment/daily schedule changes the program will implement.
 - 1% – 20% = 1 point
 - 21% – 40% = 2 points
 - 41% – 60% = 3 points
 - 61% – 80% = 4 points
 - 81% – 100% = 5 points
2. **Effectiveness and Reasonableness.** (5 points possible.) Applications will receive up to 5 points based on how well the proposed environment/daily changes address the issue(s) identified in the Consultant's recommendations, and how reasonable and realistic the proposed changes are.
3. **Monitoring/Assessment Plan.** (5 points possible.) Applications will receive up to 5 points based on the effectiveness of their proposed plan to monitor and/or assess the successful implementation of the environment/daily schedule changes. For more information on possible ways to monitor and assess the implementation of environment/daily schedule changes, see item # vi on pages 10-11 of this RFG.

F. Grant Purchases. (20 total points possible.)

1. **Addressing Recommendations.** (5 points possible.) Applications will be awarded up to 5 points based on how well the proposed purchases address the Consultant's recommendations.
2. **Age-appropriateness.** (5 points possible.) Applications will be awarded up to 5 points based on the age-appropriateness of the items they propose to purchase.
3. **Safety.** (5 points possible.) Applications will be awarded up to 5 points based on whether

or not the items they propose to purchase are free of potential safety problems. (For example, purchasing small objects that pose a choking hazard for an infant, toddler, or two-year-old group, or purchasing a climbing structure too tall for the ages of children who will use it.)

4. **Quality & Cost.** (5 points possible.) Applications will be awarded up to 5 points based on the quality (sturdiness, durability) of the items the center plans to purchase, and how reasonable the proposed cost is.

If the application is requesting funds for both non-playground and playground purchases, non-playground and playground purchases will each be scored on the four items above, and the two totals will be averaged to arrive at the number of points to be awarded. If the application is requesting funds **only** for non-playground items, or **only** for playground items, then only the scores for that category will be used.

G. Grant Budget Forms. (5 points possible.)

Applications will be awarded up to 5 points, based on whether or not the *Grant Budget Form(s)* are completely filled out, include all proposed expenditures from all of the *Plan of Action* and *Training Plan of Action Forms*, and are correctly totaled. **Applications which do not include at least 10% of the total dollar amount requested in provider matching funds will not be funded.**

H. Final Score.

An application's final score will be arrived at by totaling the number of points received, and dividing it by the total number of points possible for the application. The total number of points possible for a proposal is determined by adding the total points possible for all sections for which Consultant recommendations were made.

For example, if the Consultant made recommendations in every area (health and safety recommendations, training recommendations, caregiver behavior change recommendations, environment/daily schedule recommendations, and purchase recommendations), the total points possible for the proposal would be 100.

If the Consultant made recommendations for every scored area except the environment/daily schedule, which is worth a total of 15 points, then the total points possible for the proposal would be 85 (100 minus 15).

I. Minimum Required Score

In order to be considered for funding, proposals must have a minimum final score of **at least 70**. Proposals that receive a total final score of less than 70 will not be considered for funding.

Grant Forms

1. Application Cover Sheet, Page 1
2. Application Cover Sheet, Page 2
3. Grant Submission Checklist
4. Observation Form (sample only)
5. Consultant Recommendation Form for Caregiver Behavior, Environment & Daily Schedule, and Purchases (sample only)
6. Plan of Action Form for Caregiver Behavior, Environment & Daily Schedule, and Purchases
7. Playground Safety Improvement Recommendation Form (sample only)
8. Playground Safety Improvement Plan of Action, pages 1 and 2
9. Training Recommendation Form (sample only)
10. Training Plan of Action Forms
11. Grant Budget Forms
12. Grant Review Score Sheet

Grant forms may be photocopied or electronically scanned, but may not be altered in any way by the applicant.

Office of Child Care, Department of Workforce Services
Center Quality Improvement Grant Application Cover Sheet, Page 1

Business Name: _____ Federal Tax ID #: _____
(As it appears on your child care license)

Owner's Name: _____ Contact Name: _____

Business Address: _____ City: _____

(Utah) Zip: _____ County: _____

Phone: (Business): _____ Fax: _____

Phone: (Contact Person): _____ E-mail: _____

Type of Program: _____ Child Care Center _____ School Age Only Program

Regulation Type: _____ Licensed _____ License Exempt

Average Daily Attendance (for license exempt programs only): _____

Type of Organization (please check one):

_____ Individual / Sole Proprietor _____ Private Corporation (includes LLC)

_____ Non-Profit Organization _____ Other (explain): _____
(Attach documentation of IRS non-profit status.)

Total Amount of Funding Requested: \$ _____ Number of Completed Plan of Action Forms attached: _____

Number of unrelated children you care for: _____ Ages of children to be served with grant funds: _____

Are you requesting funds for playground safety improvements? _____ YES _____ NO

Has your child care license ever been placed on conditional status? (Not including 30 day conditional status issued for failure to submit renewal paperwork before the deadline.) _____ YES _____ NO

If yes, list the beginning and ending dates of your conditional status (within the past five years):

Have any of your staff received one or more Career Ladder certifications? _____ YES _____ NO If yes, attach copies of all staff Career Ladder certificates. These will be used in the event of a tie score.

Center Quality Improvement Grant Application Cover Sheet, Page 2

Is your program *currently* receiving any cash grants or any funding other than from parent fees or the Child Care Food Program? _____ YES _____ NO

If yes, list all sources of additional funding below, from the largest amount to the smallest amount.

Examples of outside funding include federal or state funds, corporate or private funds, and charitable donations. Include all sources of funding *other than* parent fees and the Child Care Food Program. Parent fees include payments through the Payment to Parents / Subsidy Program. Do *not* list Payment to Parents payments here.

	Dollar Amount of Funding	Source of Funding	% of Your Total Current Year's Budget
1.			
2.			
3.			
4.			
5.			
Total Percentage of Outside Funding:			

Has your program received any Quality Improvement Grants from the Office of Child Care between July 2002 and the present? _____ YES _____ NO

If yes, what month(s) and year(s) did you receive your previous Quality Improvement Grant(s)?

Month _____ Year _____

Month _____ Year _____

Month _____ Year _____

Month _____ Year _____

Are you currently receiving a Youth Connections Grant or a Start-Up / Expansion Grant from the Office of Child Care?

_____ YES _____ NO

Owner or Authorized Signature

Title

_____/_____/_____
Date

Grant Submission Checklist

Complete this checklist to help ensure that your grant application is complete before you submit it. **Include this checklist in your grant application, immediately following your two-page Application Cover Sheet.**

- _____ 1. The pages in your application are in the order listed on page 8 of this RFG.
- _____ 2. Both pages of the Application Cover Sheet have been completely filled out, and the second page is signed.
- _____ 3. This completed Grant Submission Checklist immediately follows your two-page Grant Application Cover Sheet in your grant proposal.
- _____ 4. A copy of your current child care license from the Department of Health is included. If you are legally license exempt, a copy of a letter from the Department of Health verifying your license exempt status is included, along with documentation showing how you determined your average daily attendance.
- _____ 5. All of your Observation Forms from **all** pre-grant observations conducted in your center are included.
- _____ 6. All Recommendation Forms given to you by your CCR&R Consultant from **all** pre-grant observations completed in your center are included (even if you are not addressing the recommendations in some of them).
- _____ 7. Completed Plan of Action Forms for each Caregiver Behavior / Environment & Daily Schedule / Purchase Recommendation you address in your grant application are included.
- _____ 8. If you are requesting funds for Playground Safety Improvements, you have included the Playground Recommendations from your Licensur (for newer observations after 9/20/05 only).
- _____ 9. If you are requesting funds for Playground Safety Improvements, you have completed and included page 1 and 2 of the Playground Safety Improvement Plan of Action.
- _____ 10. If you are requesting funds for Playground Safety Improvements, you have included documentation from both the manufacturer and installer that all proposed playground equipment, materials and installation meet ASTM and CPSC guidelines.
- _____ 11. All Training Recommendations Forms given to you by your Consultant are Included (for newer observations after 9/20/05 only).
- _____ 12. Both pages of the Training Plan of Action Form are included and are completely filled out.
- _____ 13. Your Grant Budget Form(s) is included, and is correctly filled out and totaled.
- _____ 14. If you are requesting funds for playground safety improvements, a separate Playground Budget Form is included, and is correctly filled out and totaled.
- _____ 15. Your Grant Budget Form(s) includes all of the proposed purchases from all of your Plan of Action Forms, including training costs. Purchases are listed in the same order as they appear on your Plan of Action Forms.
- _____ 16. The total matching funds on your Grant Budget Form(s) equal at least 10% of the grant funds you are requesting, and do not include any funds from other Department of Workforce Services (or Office of Child Care) grants.
- _____ 17. Your application pages are in a binder with fasteners.
- _____ 18. Your application is neat and legible.
- _____ 19. You have prepared one complete grant application with your *original* (yellow) Grant Observation and Consultant Recommendations pages, and three complete copies of your grant application.

**Early Childhood Environment Rating Scale Revised
On-site Review Score Summary**

Name and address of program: _____ L Ex
 Reviewer's name & agency: _____
 Review dates and times: _____ from _____ am / pm to _____ am / pm Total score _____ Avg. _____
 Caregiver(s) Observed _____ Classroom _____
 Purpose of review: _____ Pre-grant _____ Post-grant _____ Other _____

ITEM	SCORES			ITEM	SCORES		
	IS	IM	R		IS	IM	R
SUBSCALE 1: SPACE AND FURNISHINGS				25. Nature/science			
1. Indoor space				26. Math/number			
2. Furniture for routine care, play and learning				27. Use of TV, video, and/or computers			
3. Provision for relaxation and comfort				28. Promoting acceptance of diversity			
4. Room arrangement				SUBSCALE 5: INTERACTION			
5. Space for privacy				29. Supervision of gross motor activities			
6. Child-related display				30. General supervision of children (other than gross motor)			
7. Space for gross motor play				31. Discipline			
8. Gross motor equipment				32. Staff-child interactions			
SUBSCALE 2: PERSONAL CARE ROUTINES				33. Interactions among children			
9. Greeting/departing				SUBSCALE 6: PROGRAM STRUCTURE			
10. Meals/snacks				34. Schedule			
11. Nap/rest				35. Free play			
12. Toileting/diapering				36. Group time			
13. Health practices				37. Provisions for children with disabilities			
14. Safety practices				SUBSCALE 7: PARENTS AND STAFF			
SUBSCALE 3: LANGUAGE-REASONING				38. Provisions for parents			
15. Books and pictures				39. Provisions for personal needs of staff			
16. Encouraging children to communicate				40. Provisions for professional needs of staff			
17. Using language to develop reasoning skills				41. Staff interaction and cooperation			
18. Informal use of language				42. Supervisions and evaluation of staff			
SUBSCALE 4: ACTIVITIES				43. Opportunities for professional growth			
19. Fine motor				Comments:			
20. Art							
21. Music/movement							
22. Blocks							
23. Sand/water							
24. Dramatic play							

White - CCR&R Yellow - OCC Pink – Provider

IS - Initial Score IM - Indicators Missed R -Recommendation given

Center Preschool QI Grant Observation Tool

Provider Name & Address _____

Phone # _____

Licensed or License Exempt (circle one)

Observation Date ____/____/____ Observation Time From ____ am / pm until ____ am / pm

Observation Purpose _____ Pre-grant _____ Post-grant _____ Other: _____

Observing Consultant's Name & Agency _____

Classroom Observed _____

First and Last Names of Provider(s) Observed _____

Children Enrolled _____ # of Children Present _____ Maximum # Children Allowed _____

Age of Youngest Child _____ Age of Oldest Child _____ Children w/Identified Disabilities? Y N

A. THE PHYSICAL ENVIRONMENT

A.1 Indoor Space & Equipment

Observation Item	F	P	N	N/A	Q?	R
a. There is enough space for children to move freely and engage comfortably in activities, including large motor activities. (The space does not feel crowded; children do not bump into each other or furniture, etc.)						
b. Walls, ceiling, and floors are in reasonably good condition (no peeling paint or wallpaper, missing floor tiles, torn carpets, etc.)						
c. The indoor environment (floors, carpeting, walls, counters, furniture, bathroom, toys, equipment) is generally clean and appears to be cleaned daily. There are no offensive odors.						
d. There is adequate lighting in the indoor environment (it does not look dark or dingy).						
e. The noise level in the room is not disturbing or upsetting to children or caregivers.						
f. The temperature and ventilation in the room are comfortable for children and adults.						
g. The indoor environment is welcoming and friendly to children (appropriate child-size furniture and equipment; toys and materials displayed where children can see and reach them; wall displays placed at child's eye level and include children's work and age-appropriate images that are relevant to children's daily lives).						
h. The room has the recommended furniture and equipment from the <i>Suggested Equipment & Materials List</i> .						
i. The indoor furniture and equipment are sturdy and in reasonably good condition (no broken or unstable equipment).						

A.2 Room Arrangement

Observation Item	F	P	N	N/A	Q?	R
a. The room arrangement groups similar kinds of play and play materials together (messy play, active play, quiet play).						
b. Storage of children's play and learning materials throughout the room is well-organized.						

If the first page of your *Consultant Recommendations* form looks like the one below, use the *Plan of Action Form* found on the following page of this document.

CCR&R Technical Assistance Consultant Recommendations

Page 1 of

Provider Name & Address:

Type of Provider: CenterFamilyObservation Date: / / Consultation Date: / /

Name(s) of Providers Observed:Classroom:

Scale(s) Used:Consultant's Name:

Strengths:

Training Recommended:

White – CCR&R, Yellow – Provider submits to OCC with QI Grant Application, Pink – Provider keeps

If the first page of your *Consultant Recommendations* form looks like the one below, use the *Plan of Action Form* found **on the back side** of each one of your *Consultant Recommendations* Forms.

CCR&R Quality Improvement Consultant Recommendations – Center Providers

Provider Name & Address:

Observation Purpose:Pre-grantPost-grantOther:

Observing Consultant's Name & Agency:

Observation Date:Classroom Observed:

Names of Provider(s) Observed:

Feedback Consultant's Name & Agency (if different):

Feedback Visit Date:Total # of Recommendation Pages:

Caregiver Behavior Recommendations# Environment / Schedule Recommendations:

Training Recommendations:# Health & Safety Correction Recommendations:

OVERALL PROGRAM STRENGTHS:

White Copy – CCR&R Yellow Copy – Provider submits w/Grant Pink Copy – Provider Keeps

Plan of Action Form

Explain below your plan for improvement related to the observation item listed below from your Consultant Recommendations.

Tool (circle one): I / T 2s PK SA H&S Item #: _____ Current Mark: _____ Goal Mark: _____

1. CAREGIVER BEHAVIOR CHANGES. List any *non-purchase* caregiver behavior changes you will make related to this item.

Explain any Caregiver Behavior Change(s) You Will Make Related to this Item	Explain How You Will Monitor / Assess the Success of Your Caregiver Behavior Change(s)	Date Change(s) Will Be Completed

2. ENVIRONMENT / SCHEDULE CHANGES. List any *non-purchase* environment / schedule changes you will make related to this item.

Explain any Change(s) You Will Make to the Environment or Daily Schedule Related to this Item	Explain How You Will Monitor / Assess the Success of Your Environment / Schedule Change(s)	Date Change(s) Will Be Completed

3. PURCHASES. List any purchases you will make related to this item.

Item	Vendor / Store	Grant Funds	Provider Match	Total Cost

[illegible]

Center Playground Safety Improvement Plan of Action, Page 1

Description (From Playground Recommendation Form. Leave this column blank for observations completed before 9/20/05.)	Out of Compliance (From Playground Recommendation Form)	Your Proposed Plan to Correct this Item	Cost	
			Grant Funds	Matching Funds

**Center Playground Safety Improvement
Plan of Action, Page 2**

Diagram of your Existing Playground

Diagram of your Playground with the Proposed Safety Improvements

Center Training Plan of Action, Page 1 of 2

Center Name & Address: _____

Director's Name: _____ **Ages of Children Cared For:** _____

List all training / courses to be taken by any staff in your program as part of your quality improvement grant, including the Director and any Caregivers. Copy and attach additional pages if needed.

Course Name or Training Topic & Learning Goals	Type of Training	Total Hours of Training	Cost of Training (Registration fees)	Completion Date
Course/Training Name: Your Learning Goals in Attending this Training:	_____ CCR&R _____ Other:			
Course/Training Name: Your Learning Goals in Attending this Training:	_____ CCR&R _____ Other:			
Course/Training Name: Your Learning Goals in Attending this Training:	_____ CCR&R _____ Other:			
Course/Training Name: Your Learning Goals in Attending this Training:	_____ CCR&R _____ Other:			

Center Training Plan of Action, Page 2 of 2

List the names of the Center Director and all caregivers in any classrooms you are requesting quality improvement grant funds for. If a caregiver works in more than one classroom, list him or her only once, in the classroom they work the most hours in. Then list the names of all trainings / courses that will be attended by each person on your list. Copy and attach additional pages if needed. **Put the number of hours of each training in parenthesis after the title of the training.**

Classroom / Group and Staff Names	Training & Hrs. from Page 1 to Be Attended by this Person
Center Director: _____	_____
Classroom Name / Ages: _____	
All Staff Names (list each name on a separate line):	
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
Classroom Name / Ages: _____	
All Staff Names (list each name on a separate line):	
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
Classroom Name / Ages: _____	
All Staff Names (list each name on a separate line):	
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Center Provider Quality Improvement Grant
Budget Form for NON-PLAYGROUND IMPROVEMENT Expenditures (Including Training)

Obs. Tool & Item #	Item to be Purchased (Including Training Costs)	Vendor / Store	Grant Funds Requested	Provider Matching Funds	Total Cost of Item
TOTAL COST OF ALL PROPOSED QUALITY IMPROVEMENTS:					

Attach additional Budget Forms if needed.

Center Provider Quality Improvement Grant
Budget Form for PLAYGROUND SAFETY IMPROVEMENT Expenditures ONLY

Obs. Tool & Item #	Item to be Purchased	Vendor / Store	Grant Funds Requested	Provider Matching Funds	Total Cost of Item
TOTAL COST OF ALL PROPOSED QUALITY IMPROVEMENTS:					

Attach additional Budget Forms if needed.

Quality Improvement Grant Review Score Sheet

Applicant's Name: _____

Reviewer's Name: _____ Review Date: ____/____/____

Previous Grants:

Number of OCC Quality Improvement Grants previously received by this applicant: _____

Outside Funding:

Percentage of applicant's current year's budget that comes from outside funding sources. (Sources other than parent fees and the Child and Adult Care Food Program.): _____

GRANT SCORING

A. COMPLETENESS, NEATNESS, AND OVERALL PRESENTATION OF APPLICATION (5 Points Possible)

- _____ All of the required pages, forms, and documentation are included in the application.
- _____ All of the grant forms are filled out completely, and none of the grant forms have been altered by the applicant.
- _____ All of the pages are in the correct order, as explained on pages 8-9 of the RFG.
- _____ The application is neat and legible.
- _____ The application is in a folder or binder with fasteners, so that there are no loose pages.

_____ **Points (5)**

B. HEALTH & SAFETY RECOMMENDATION POINTS (15 Total Points Possible, N/A if no recommendations are made.)

For Older Pre-Grant Observations (completed **before** 9/20/05): How adequately have the health and safety recommendations made by the Consultant been addressed? Give from 0 to 15 points.

For Newer Pre-Grant Observations (completed **after** 9/20/05): Have all recommendations to correct serious health and safety hazards been adequately addressed? If yes, give 15 points. If no, give 0 points.

_____ **Points (15)**

C. TRAINING POINTS (20 Total Points Possible, N/A if no recommendations are made.)

1. Training Attendance Points (10 Points Possible) Complete **either** a. or b. below, but **not both**.

- a. **For Older Pre-Grant Observations** (completed **before** 9/20/05): Have all caregivers for whom training was recommended committed to completing the recommended hours of training, up to a maximum of 20 hours of training per caregiver? If yes, give the full 10 points. If partially, give from 0 to 9 points.

a. _____ Points (10)

- b. **For Newer Pre-Grant Observations** (completed **after** 9/20/05):

Total # of Training Recommendations Made: _____

(Each 10 hours of training recommended for an individual caregiver counts as one training recommendation. For example, if the Consultant recommended that the two caregivers in a preschool classroom each take a 10 hour positive guidance class, that would count as two training recommendations.)

Total # of Trainings Proposed in Training Plan of Action Form: _____

Percent of Training Recommendations Addressed: _____

(Total # of Trainings Proposed in Training Plan of Action divided by the total # of training recommendations made.)

Training Attendance Points Awarded:

- 1% – 25% = 1 point
- 26% – 50% = 3 points
- 51% – 75% = 5 points
- 76% – 100% = 7 points

b. _____ Points (7)

Add 3 points if the Center Director will complete at least 20 hours of recommended training for this grant.

b. _____ Points (3)

2. Training Appropriateness (10 points possible)

How appropriate / applicable is any proposed training (other than specific training courses recommended by the Consultant) for the item(s) that training was recommended for? (Give 5 points if all proposed training is same as the course(s) recommended by the Consultant.)

_____ Points (10)

TOTAL TRAINING POINTS _____ **Points (20)**

D. CAREGIVER BEHAVIOR CHANGES POINTS (20 Total Points Possible, N/A if no recommendations are made.)

1. Completeness of proposed Caregiver Behavior Changes (8 points) Complete **either** a. or b. below, but **not both**.

- a. **For Older Pre-Grant Observations** (completed **before** 9/20/05): Have a reasonable number of caregiver behavior change recommendations been addressed in the grant proposal? If yes, give the full 8 points. If partially, give from 0 to 7 points.

a. _____ Points (8)

- b. **For Newer Pre-Grant Observations** (completed **after** 9/20/05):

of Caregiver Behavior Changes Recommended: _____

of Caregiver Behavior Changes Proposed in Plan of Action Forms: _____

Percent of Caregiver Behavior Recommendations addressed: _____

(Total # of behavior changes in Plan of Action divided by the total # of behavior change recommendations made.)

Number of Behavior Change Points Awarded:

1% – 25% = 2 points

26% – 50% = 4 points

51% – 75% = 6 points

76% – 100% = 8 points

b. _____ Points (8)

2. How well do proposed changes address the issue(s) in the Consultant's recommendations, and how reasonable / realistic are they?

_____ Points (8)

3. How effective is the proposed plan to monitor / assess the success of the proposed changes?

_____ Points (4)

TOTAL CAREGIVER BEHAVIOR CHANGE POINTS _____ **Points (20)**

E. ENVIRONMENT / SCHEDULE CHANGES POINTS (15 Total Points Possible, N/A if no recommendations are made.)

1. Completeness of proposed Environment / Schedule Changes (5 points) Complete **either** a. or b. below, but **not both**.

- a. **For Older Pre-Grant Observations** (completed **before** 9/20/05): Have a reasonable number of environment / daily schedule change recommendations been addressed in the grant proposal? If yes, give the full 5 points. If partially, give from 0 to 4 points.

a. _____ Points (5)

- b. **For Newer Pre-Grant Observations** (completed **after** 9/20/05):

of Environment / Schedule Changes Recommended: _____

of Environment / Schedule Changes Proposed in Application: _____

% of Environment / Schedule Recommendations addressed: _____

(Total # of environment / schedule changes in Plan of Action divided by the total # of environment / schedule change recommendations made.)

Number of Environment / Schedule Change Points Awarded:

1% – 20% = 1 point

21% – 40% = 2 points

41% – 60% = 3 points

61% – 80% = 4 points

81% – 100% = 5 points

b. _____ Points (5)

2. How well do proposed changes address the issue(s) in the Consultant's recommendations, and how reasonable / realistic are they?

_____ Points (5)

3. How effective is the proposed plan to monitor / assess the success of the proposed changes?

_____ Points (5)

TOTAL ENVIRONMENT / SCHEDULE CHANGE POINTS _____ **Points (15)**

F. GRANT PURCHASES POINTS (20 Total Points Possible)

1. Non-Playground Purchases

- a. How well do the proposed purchases address the Consultant's recommendations? _____ Points (5)
- b. How age-appropriate are the proposed purchases? _____ Points (5)
- c. Are the proposed purchases free of potential safety problems? _____ Points (5)
- d. Are the proposed items to be purchased of good quality (sturdy, durable, made for group child care use), but not extravagant? _____ Points (5)

2. Playground Safety Improvement Purchases

- a. How well do the proposed purchases address the Consultant's recommendations? _____ Points (5)
- b. How age-appropriate are the proposed purchases? _____ Points (5)
- c. Are the proposed purchases free of potential safety problems? _____ Points (5)
- d. Are the proposed items to be purchased of good quality (sturdy, durable, made for group child care use), but not extravagant? _____ Points (5)

If *no* playground purchases are proposed, use the total score for non-playground purchases. If *only* playground purchases are proposed, use the total score for playground purchases.

OR, **TOTAL PURCHASE POINTS** _____ **Points (20)**

OR

If both non-playground *and* playground purchases are proposed, add the total scores for the non-playground purchases and the playground purchases, and divide by two.

TOTAL PURCHASE POINTS _____ **Points (20)**

G. GRANT BUDGET FORM POINTS (5 Total Points Possible)

How complete and accurate is the Grant Budget Form(s)? _____ **Points (5)**

TOTAL POINTS AWARDED FOR THIS PROPOSAL: _____

TOTAL POINTS POSSIBLE FOR THIS PROPOSAL: _____

SCORE FOR THIS PROPOSAL: _____

(Total number of points awarded divided by the total number of points possible.)

APPENDIX A
Child Care Resource & Referral Agencies

<p style="text-align: center;">BRIDGERLAND</p> <p><i>Serving Box Elder, Cache, and Rich Counties</i> Utah State University 6510 Old Main Hill Logan, UT 84322-6510 (435) 797-1552 Fax (435) 797-8047 1-800-670-1552</p>	<p style="text-align: center;">EASTERN</p> <p><i>Serving Carbon, Daggett, Duchesne, Emery, Grand, San Juan and Uintah Counties</i> College of Eastern Utah 451 East 400 North Price, UT 84501 (435) 613-5619 Fax (435) 613-5815 1-888-637-4786</p>
<p style="text-align: center;">NORTHERN</p> <p><i>Serving Davis, Morgan and Weber Counties</i> Weber State University 1309 University Circle Ogden, UT 84408-1309 (801) 626-7837 Fax (801) 626-7668 1-888-970-0101</p>	<p style="text-align: center;">WESTERN</p> <p><i>Serving Beaver, Garfield, Iron, Juab, Kane, Millard, Piute, Sanpete, Sevier, Washington, and Wayne Counties</i> Five County Association of Governments, CCR&R 88 E. Fiddlers Canyon Road, Suite H Cedar City, Utah 84720 (435) 586-4887 Fax: (435) 865-6902 1-800-543-7527</p>
<p style="text-align: center;">METRO</p> <p><i>Serving Salt Lake and Tooele Counties</i> Children's Service Society 124 So. 400 E., #400 SLC, UT 84111 (801) 326-4405 1-800-839-7444 Fax 355-7453</p>	
<p style="text-align: center;">MOUNTAINLAND</p> <p><i>Serving Summit, Utah, and Wasatch Counties</i> Utah Valley State College 800 W. University Pkwy. – 163 Orem, UT 84058 (801) 863-8220 Fax (801) 863-7904 1-800-952-8220</p>	